CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT
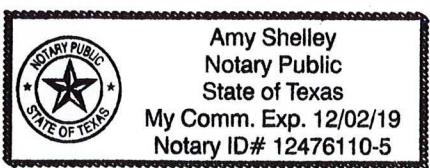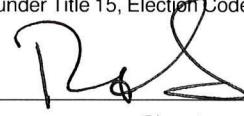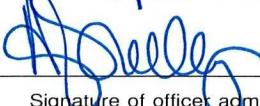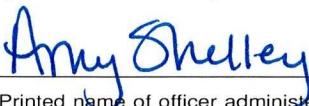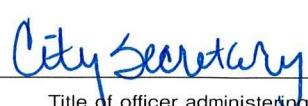
FORM C/OH
COVER SHEET PG 1

The C/OH Instruction Guide explains how to complete this form.	**1** Filer ID (Ethics Commission Filers)	**2** Total pages filed:

3 CANDIDATE / OFFICEHOLDER NAME

MS / MRS / MR: Mr.
FIRST: Rovell
MI: L.
NICKNAME
LAST: Smith
SUFFIX

4 CANDIDATE / OFFICEHOLDER MAILING ADDRESS

☐ Change of Address

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE
208 Donley Ct
Southlake, TX 76012

5 CANDIDATE / OFFICEHOLDER PHONE

AREA CODE: (817)
PHONE NUMBER: 991-2006
EXTENSION:

6 CAMPAIGN TREASURER NAME

MS / MRS / MR: Mrs
FIRST: Rachel
MI:
NICKNAME
LAST: Smith
SUFFIX

7 CAMPAIGN TREASURER ADDRESS
(Residence or Business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE
~~PO~~ 208 Donley Ct
Southlake, TX 76092

8 CAMPAIGN TREASURER PHONE

AREA CODE: (817)
PHONE NUMBER: 991
EXTENSION: 2006

9 REPORT TYPE

☐ January 15
☑ 30th day before election
☐ Runoff
☐ 15th day after campaign treasurer appointment (Officeholder Only)
☐ July 15
☐ 8th day before election
☐ Exceeded $500 limit
☐ Final Report (Attach C/OH - FR)

10 PERIOD COVERED

Month Day Year
Jan / 16 / 2019

THROUGH

Month Day Year
April / 4 / 2019

11 ELECTION

ELECTION DATE
Month Day Year
May 4 / 2019

ELECTION TYPE
☐ Primary
☐ Runoff
☐ Other Description
☑ General
☐ Special

12 OFFICE

OFFICE HELD (if any)

13 OFFICE SOUGHT (if known)

City Council, Position 4

GO TO PAGE 2

CANDIDATE / OFFICEHOLDER
CAMPAIGN FINANCE REPORT

14 C/OH NAME	15 Filer ID (Ethics Commission Filers)

16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. *THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT.* CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE	COMMITTEE NAME
☐ GENERAL	
☐ SPECIFIC	COMMITTEE ADDRESS
☐ Additional Pages	COMMITTEE CAMPAIGN TREASURER NAME
	COMMITTEE CAMPAIGN TREASURER ADDRESS

17 CONTRIBUTION TOTALS	1.	TOTAL POLITICAL CONTRIBUTIONS OF $50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED	$ 0
	2.	**TOTAL POLITICAL CONTRIBUTIONS** (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)	$ 3301.60
EXPENDITURE TOTALS	3.	TOTAL POLITICAL EXPENDITURES OF $100 OR LESS, UNLESS ITEMIZED	$ 0
	4.	**TOTAL POLITICAL EXPENDITURES**	$ 2,048.28
CONTRIBUTION BALANCE	5.	TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD	$ 1722.32
OUTSTANDING LOAN TOTALS	6.	TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD	$ 501.00

18 AFFIDAVIT

Amy Shelley
Notary Public
State of Texas
My Comm. Exp. 12/02/19
Notary ID# 12476110-5

AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.

_____
Signature of Candidate or Officeholder

Sworn to and subscribed before me, by the said _Ronell Smith_ , this the __4th__
day of __April__ , 20_19_ , to certify which, witness my hand and seal of office.

_____	_Amy Shelley_	_City Secretary_
Signature of officer administering oath	Printed name of officer administering oath	Title of officer administering oath

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.		**1** Total pages Schedule A1:
2 FILER NAME		**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
	Donald & Martha Reukema	$100.00
	6 Contributor address; City; State; Zip Code	
	908 Shadynook St, Southlake, TX 76092	
8 Principal occupation / Job title (See Instructions)		**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.01.19	Unknown	$50.00
	Contributor address; City; State; Zip Code	
	Misc Cash	Misc Cash
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.01.19	Unknown	$49.00
	Contributor address; City; State; Zip Code	
	Misc Cash	Misc Cash
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Contributor address; City; State; Zip Code	
Principal occupation / Job title (See Instructions)		Employer (See Instructions)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
04.03.19	unknown **6** Contributor address; City; State; Zip Code Misc cash	$100

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.02.19	Richard & Barbara Walker Contributor address; City; State; Zip Code 1399 Providence LN Southlake, TX 76092	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
unknown	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.02.19	Charles & Brenda Forman Contributor address; City; State; Zip Code 291 Sheffield Ct, Southlake, TX 76092	$100

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
unknown	N/A

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
	Benjamin Auten Contributor address; City; State; Zip Code 302 Donly Ct Southlake, TX 76092	$100

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Pilot	unknown

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:
2 FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
03	Kathryn DelCalvo **6** Contributor address; City; State; Zip Code 1080 S Kimball Ave Snithlake TX 76092	$100.00

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions)
Apparel Manufacturer	FSI, Inc

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.01.19	Tanya Sanders Contributor address; City; State; Zip Code 1404 Lands End Court, Snithlake TX 76092	$100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Banker	JP Morgan Chase

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.02.19	Patricia Wilson Contributor address; City; State; Zip Code 1481 E. Dove Rd Southlake TX 76092	100.00

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
04.02.19	Curtis Green Contributor address; City; State; Zip Code 2401 Handley EDerville Rd FortWorth TX 76118	$500

Principal occupation / Job title (See Instructions)	Employer (See Instructions)
Business owner	G Green Landscaping

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE A1

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME *Renee*	**3** Filer ID (Ethics Commission Filers)

4 Date	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____)	**7** Amount of contribution ($)
03.11.2019	Carl Afford	$250
	6 Contributor address; City; State; Zip Code PO Box 3082 Grapevine, TX 76099	

8 Principal occupation / Job title (See Instructions)	**9** Employer (See Instructions) Technical Transportation

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03.04.19	Misc/unknown	$100.00
	Contributor address; City; State; Zip Code unknown	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03.05.19	unknow	$150.00
	Contributor address; City; State; Zip Code Misc	

Principal occupation / Job title (See Instructions)	Employer (See Instructions)

Date	Full name of contributor ☐ out-of-state PAC (ID#:_____)	Amount of contribution ($)
03.07.19	Taisha LaCour	$250.00
	Contributor address; City; State; Zip Code 3509 Wallington Dr Plano TX 75093	

Principal occupation / Job title (See Instructions) HR executive	Employer (See Instructions) Dallas Mavericks

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

MONETARY POLITICAL CONTRIBUTIONS

SCHEDULE **A1**

The Instruction Guide explains how to complete this form.	**1** Total pages Schedule A1:

2 FILER NAME Ronell Smith	**3** Filer ID (Ethics Commission Filers)

4 Date 02.28.19	**5** Full name of contributor ☐ out-of-state PAC (ID#:_____) Laird Fairchild	**7** Amount of contribution ($) 250.00
	6 Contributor address; City; State; Zip Code 1208 Providence LN Southlake 76092	

8 Principal occupation / Job title (See Instructions) Senior Managing Director	**9** Employer (See Instructions) Hunter Chase Capital Partners

Date 3.11.2019	Full name of contributor ☐ out-of-state PAC (ID#:_____) David & Cathy Almand	Amount of contribution ($) $1000
	Contributor address; City; State; Zip Code 811 Kleburg Ct Southlake TX 76092	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A

Date 3.11.2019	Full name of contributor ☐ out-of-state PAC (ID#:_____) Frances Scharli	Amount of contribution ($) $300
	Contributor address; City; State; Zip Code 302 Timber lake Dr Southlake TX 76092	

Principal occupation / Job title (See Instructions) Retired	Employer (See Instructions) N/A

Date 3.11.2016	Full name of contributor ☐ out-of-state PAC (ID#:_____) Andrew Wambsganss	Amount of contribution ($) $500
	Contributor address; City; State; Zip Code	

Principal occupation / Job title (See Instructions) Attorney	Employer (See Instructions) Brown Pruitt Wambsganss, Ferrell, Dean

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED
If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
   Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date	6 Payee name
	4 Over Printers

7 Amount ($)	8 Payee address; City; State; Zip Code
424.38	Arlington TX

9 TYPE OF EXPENDITURE
  ☑ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)

banners

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

Date	Payee name
	Home Depot

Amount ($)	Payee address; City; State; Zip Code
104.98	Southlake Blvd, Southlake, TX 76092

TYPE OF EXPENDITURE
  ☑ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)

Posts for Signs

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name   Office sought   Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE F4

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	2 FILER NAME	3 Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$

5 Date 03.25.19	6 Payee name Lowe's
7 Amount ($) 32.45	8 Payee address; City; State; Zip Code Southlake Blvd, Southlake TX 76092

9 TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule)
Cable ties fr signage

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 03.27.19	Payee name The Home Depot
Amount ($) 104.98	Payee address; City; State; Zip Code Southlake, TX 76092

TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule)
Cable ties & posts fr signage

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

EXPENDITURES MADE BY CREDIT CARD

SCHEDULE **F4**

EXPENDITURE CATEGORIES FOR BOX 10(a)

Advertising Expense
Accounting/Banking
Consulting Expense
Contributions/Donations Made By
  Candidate/Officeholder/Political Committee

Event Expense
Fees
Food/Beverage Expense
Gift/Awards/Memorials Expense
Legal Services

Loan Repayment/Reimbursement
Office Overhead/Rental Expense
Polling Expense
Printing Expense
Salaries/Wages/Contract Labor

Solicitation/Fundraising Expense
Transportation Equipment & Related Expense
Travel In District
Travel Out Of District
Other (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F4:	**2** FILER NAME	**3** Filer ID (Ethics Commission Filers)

4 TOTAL OF UNITEMIZED EXPENDITURES CHARGED TO A CREDIT CARD	$ ~~▨~~

5 Date 03.13.19	**6** Payee name Sarah Close

7 Amount ($) 816.00	**8** Payee address; City; State; Zip Code Pecos Drive Southlake, TX 76092

9 TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

10 PURPOSE OF EXPENDITURE

(a) Category (See Categories listed at the top of this schedule) Website

(b) Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

11 Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

Date 03.14.19	Payee name U3 Marketing

Amount ($) 654.00	Payee address; City; State; Zip Code Houston, TX

TYPE OF EXPENDITURE ☑ Political   ☐ Non-Political

PURPOSE OF EXPENDITURE

Category (See Categories listed at the top of this schedule) Signs

Description
☐ Check if travel outside of Texas. Complete Schedule T.
☐ Check if Austin, TX, officeholder living expense

Complete ONLY if direct expenditure to benefit C/OH

Candidate / Officeholder name	Office sought	Office held

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED